

No Filing Fee

**NOTIFICATION OF CHANGE IN ADDRESS
BY MUNICIPALITY OR U.S. POSTAL
SERVICE**

STATE OF MAINE

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Entity)

The undersigned executes and delivers for filing the following Change of Address:

FIRST: The name of the clerk/registered agent as it appears on the record in the Secretary of State's office:

(name of clerk/registered agent)

SECOND: The **old address** of the clerk/registered agent as it appears on the record in the Secretary of State's office:

(street, city, state and zip code - old address)

THIRD: The **new address** of the clerk/registered agent:

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

FOURTH: This change of address was duly authorized by (choose one):

☐ Town/Municipality

☐ U.S. Postal Service

DATED _____

*By _____
(signature)

(type or print name and capacity)

(1) *This document **MUST** be signed by the municipal official or postmaster

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**